



WORLD  
HEALTH  
SUMMIT

REGIONAL MEETING  
ASIA, KYOTO  
APRIL 13-14, 2015



京都大学  
KYOTO UNIVERSITY

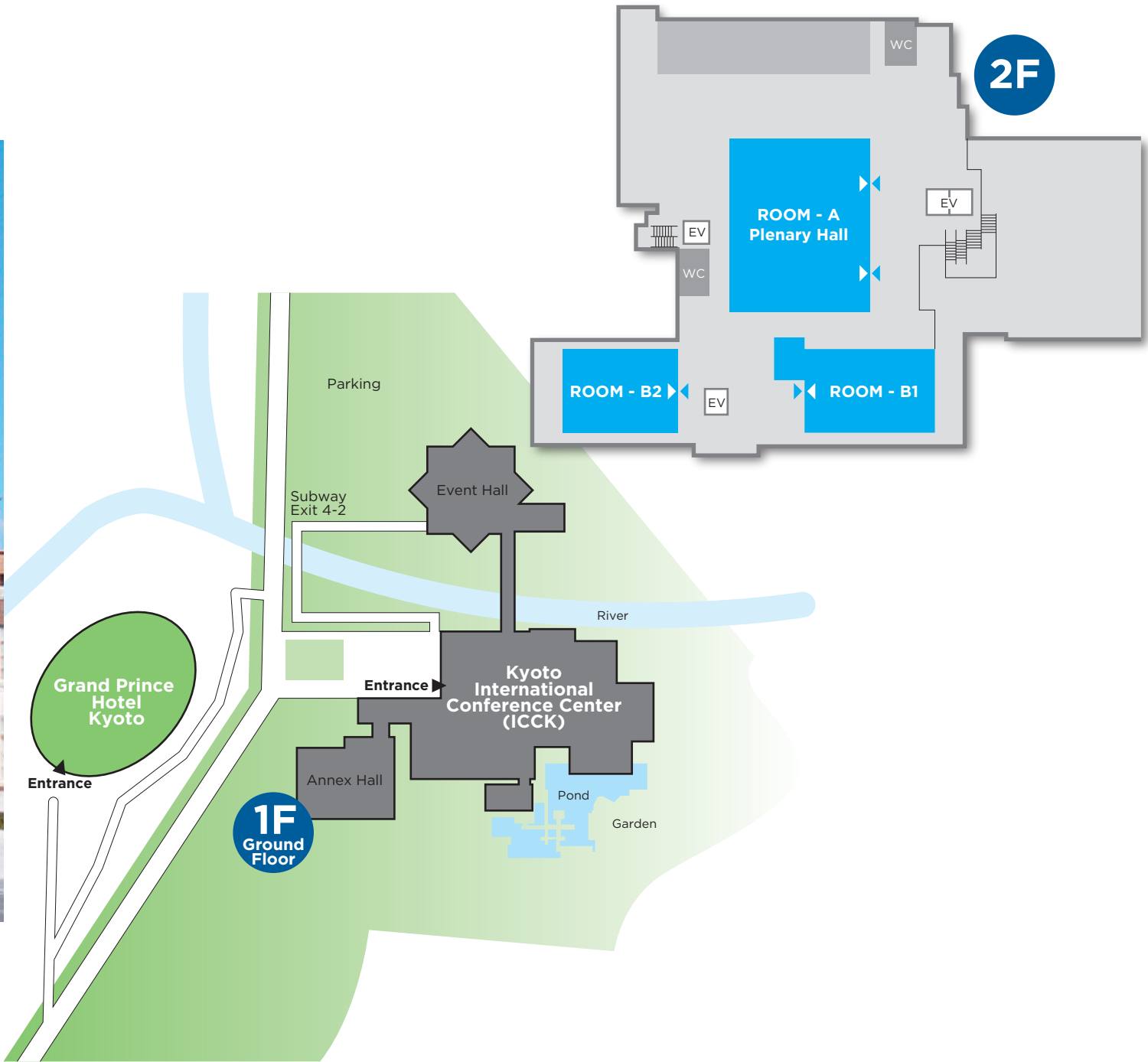


FUKUSHIMA  
MEDICAL  
UNIVERSITY

PROGRAM



Kyoto University



MONDAY, APRIL 13

Grand Prince Hotel Kyoto

The venue for the session in a.m. is "Grand Prince Hotel Kyoto" (2 min walk from ICCK).

9:30

Registration opens

10:30 - 11:15

Opening Ceremony

Michael J. Klag

Johns Hopkins Bloomberg School of Public Health

11:15 - 12:00

Keynote Speech

Barry R. Bloom

Harvard School of Public Health

12:00 - 13:00

Lunch Break

Kyoto International Conference Center (ICCK)

ROOM - A (Plenary Hall)

ROOM - B1

ROOM - B2

PUBLIC SPACE

13:15 - 14:00

Keynote Speech

Peter Piot

London School of Hygiene and Tropical Medicine

Poster Exhibition

14:15 - 15:45

Symposium

Global Health R&D

Panel Discussion

Primary Care

16:00 - 16:45

Keynote Speech

John Z. Ayanian

University of Michigan

17:00 - 18:30

Symposium

Designing a Healthy City

Panel Discussion

Big Data in Healthcare

19:00 - 20:30

Social Event

Welcome Reception

(Venue : SWAN)

TUESDAY, APRIL 14

Kyoto International Conference Center (ICCK)				
	ROOM - A (Plenary Hall)	ROOM - B1	ROOM - B2	PUBLIC SPACE
9:00 - 10:00				Poster Exhibition Poster Session
10:00 - 11:30	Symposium Sport Events and Sport for All	Panel Discussion Health Technology Assessment	Panel Discussion Fostering New Leadership in Medical Academia	
12:00 - 12:45	Special Lecture (with lunch) Yoshiyuki Sankai University of Tsukuba			
13:15 - 14:00	Keynote Speech Ichiro Kawachi Harvard School of Public Health			
14:15 - 15:45	Symposium Social Connectedness and Healthy Aging	Panel Discussion Building a Resilient Healthcare System - Lessons Learned from Fukushima		
16:00 - 16:45	Special Lecture Masayo Takahashi RIKEN			
17:00 - 18:00	Closing Ceremony Best Poster Award Ugur Erdener IOC Hiroo Imura Kyoto University			





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京都大学  
KYOTO UNIVERSITY



Dear Friends, Dear Colleagues,

Welcome to Kyoto! We are honored to host the “World Health Summit Regional Meeting Asia, Kyoto 2015”.

Since its foundation in 1897, Kyoto University has opened up new horizons in creative scholarly endeavors. The university has also sought to contribute to peaceful coexistence across the global community.

Modern medicine in Japan was founded mainly based on German medicine which was imported about 150 years ago. At that time, infectious diseases were the greatest threat to mankind and, naturally, the leading field of medicine was microbiology and pathology. However, it is natural that medicine never ends in the laboratory. Physicians have to face their patients considering social and familial backgrounds as well as medical conditions. It is also very important to implement health policy based on evidence from the population. Collaborations between clinical medicine and public health are the most important to resolve health problems in societies.

Having the longest life expectancy in the world and burgeoning elderly population, Japan has transitioned to an aging society well before most other countries. Soon enough, it is likely that developing as well as other industrialized countries will face similar demographic changes. Thus, it is our responsibility to summarize, at this WHS Regional Meeting, our efforts directed toward transforming of healthcare systems in preparation for a rapidly aging society.

At this landmark conference, we look forward to sharing our thoughts in the hope of promoting rewarding discussions among leaders in their respective fields of expertise.

Nagahiro Minato  
Executive Director, Vice-President  
Kyoto University



Dear Friends, Dear Colleagues,

It is a great honor to co-host this World Health Summit Regional Meeting together with Kyoto University.

Fukushima Medical University has maintained a close relationship with Kyoto University since the 2011 earthquake off the Pacific coast of Tohoku and the subsequent Fukushima nuclear power plant disaster. We have also become a significant WHS participant.

After the Great East Japan Earthquake in 2011, over 16,000 people in Fukushima are still forced to live as evacuees as a result of the nuclear disaster, and 50,000 people have moved out of the prefecture. Within the first year after the evacuation, there were twice as many deaths among elderly people in special care facilities as in an average year.

We have endeavored to rebuild healthcare systems that are resilient. Our struggle with this unprecedented nuclear disaster has just started. We must carry into the future this historic mission entrusted to our school. It must be carried out for the people of Fukushima, the people of Japan, and all of mankind. We believe that this experience will help health professionals worldwide to tackle the health risks associated with disasters and environmental hazards.

The results arising from this unprecedented meeting will certainly strengthen preparedness for and responses to disasters in the future.

Shin-ichi Kikuchi  
President  
Fukushima Medical University





Dear Friends, Dear Colleagues,

Congratulations on holding the World Health Summit Regional Meeting Asia in Japan for the first time.

Since 2008, Kyoto University Graduate School of Medicine has represented Japanese universities by participating in the World Health Summit (WHS) as a member of the M8 Alliance (the governing body of the WHS). We are delighted that the M8 Alliance of Academic Health Centers, Universities, and National Academies has chosen Japan to host the third regional meeting outside Berlin, and it is a privilege to warmly welcome you to Kyoto to discuss health issues.

In this meeting in Kyoto, the main theme is “Building Resilience as Social Responsibility of Medical Academia”, with three major topics: Challenges in Rapidly Aging Societies, Preparedness for and Response to Disasters, and Fostering New Leadership. As a Dean, I recognize that all of these are important issues to be addressed by current medical academia. I have always been proud that Kyoto University Graduate School of

Medicine has been an academic leader in medical science, and that we also recognize the social responsibility of the School of Medicine in this super-ageing society. In this context, I note that in the year 2000 Japan’s first School of Public Health was established as part of our Graduate School of Medicine. Leadership in medical academia should be equally shared by basic medical sciences, clinical medicine, and public health. With top leaders of the world gathering here in Kyoto, we can expect a fruitful exchange of opinions and information about health and medical care for the future.

Shinji Uemoto  
Dean, Graduate School of Medicine  
Kyoto University



Dear Friends, Dear Colleagues,

It is our great privilege to warmly welcome you to the World Health Summit Regional Meeting Asia, Kyoto 2015. We are delighted that the M8 Alliance of Academic Health Centers, Universities, and National Academies has chosen Kyoto as the meeting site in Asia.

Opinion leaders from academia, politics, private sector, and civil society will work together on possible solutions to health challenges worldwide.

Our theme is “Building Resilience as Social Responsibility of Medical Academia”. In addition to the pressing global issues on the agenda at the World Health Summit in Berlin (e.g. Climate Change and Health, The Digital Health Revolution, or Global Health Security), we have selected three topics to discuss here: Challenges in Rapidly Aging Societies, Preparedness for and Response to Disasters, and Fostering New Leadership. These are the most pressing challenges facing Asia for an exchange of thoughts on the role of medical academia in public health promotion and policy making.

We are sure this WHS Regional Meeting will greatly reinforce existing partnerships and will allow us to accumulate ideas for the benefit of health worldwide.

Shunichi Fukuhara  
President of the World Health Summit 2015  
Dean, School of Public Health  
Kyoto University, Japan

Detlev Ganten  
Founding President of  
the World Health Summit  
Charité Foundation, Berlin



**KEY FACTS**

Date: April 13-14, 2015

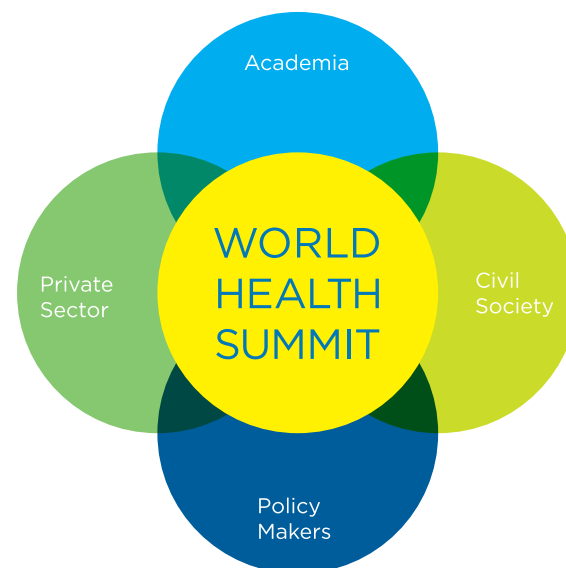
Venue: Kyoto International Conference Center  
Takaragaike, Sakyo-ku, Kyoto 606-0001 Japan

**PARTICIPANTS AND KEY FACTS****World Health Summit**

The World Health Summit (WHS) is the annual conference of the “M8 Alliance of Academic Health Centers, Universities and National Academies”. It is one of the world’s foremost gatherings of leaders from academia, politics, industry and civil society to develop joint strategies and take action to address key challenges in medical research, global health and health care delivery with the aim of shaping the political, academic and social agendas.

**World Health Summit****Regional Meeting Asia, Kyoto 2015**

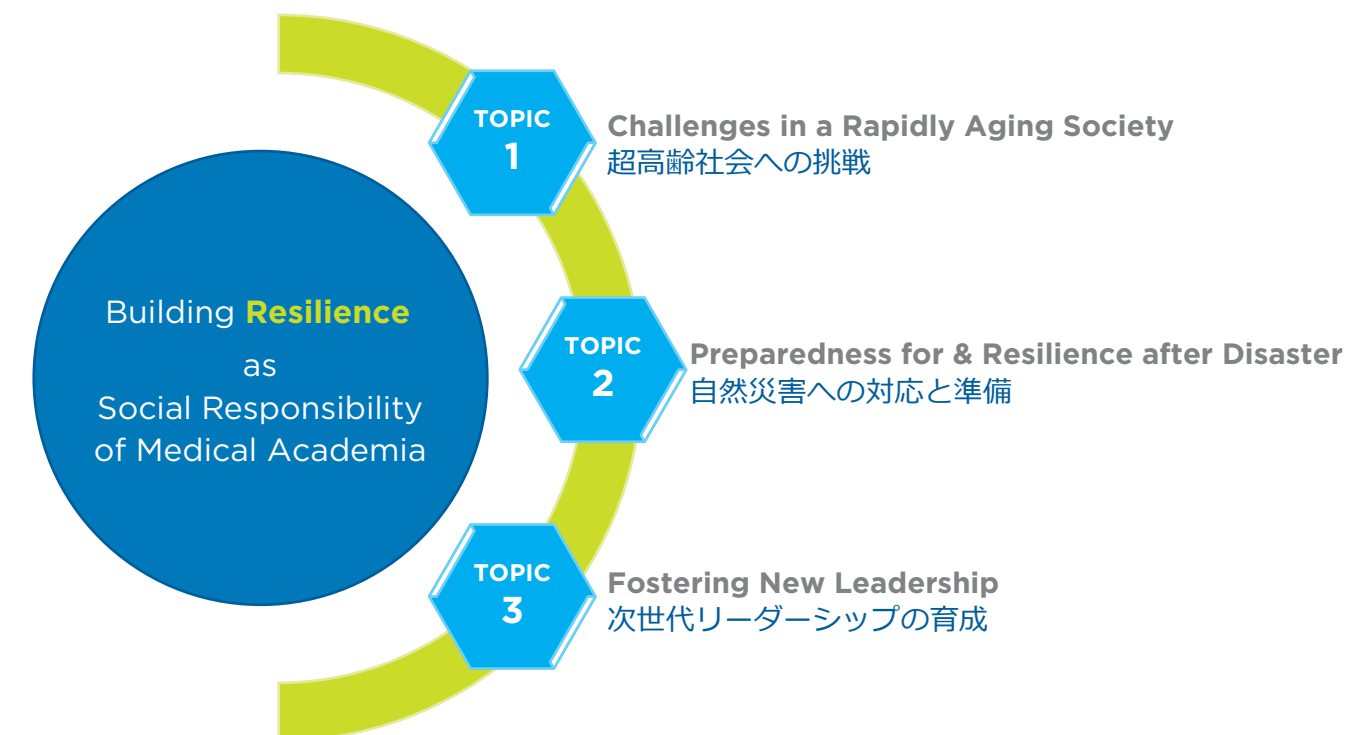
The WHS Regional Meeting Asia, Kyoto 2015, organized by Kyoto University and co-hosted by Fukushima Medical University, will bring together decision makers and representatives of all health-related fields from all over the world to address the most pressing issues that medicine and healthcare systems will face over the next decade and beyond.

**Participants Profile**

- Top-level researchers and members of the scientific community
- High-profile political decision-makers
- Executives and representatives from the healthcare system
- Leaders of the health-related industry and technology sector
- Representatives of civil society and foundations
- Students and young professionals from all health-related fields

**TRACK INFORMATION**

The program will be organized along three tracks:



The purpose of this meeting is to encourage trans-disciplinary discussion with special emphasis on the social responsibility of medical academia. In addition to the pressing global health issues on the agenda at WHS in Berlin, we have selected the above topics on the most pressing challenges facing Asia for an exchange of thoughts on the role of medical academia in public health promotion programs and policy making.

### **Key Topic - 1: Challenges in a Rapidly Aging Society**

As a consequence of the growing proportion of elderly in the population, many countries face transitions to an aging society. With this demographic change, healthcare systems clearly require reforms that move away from the present-day hospital-centered paradigm of medicine focused on advanced medical treatment and care to community-centered preventative medicine. We will discuss, in the framework of the trans-disciplinary WHS network, the role of the medical academic community in these healthcare reforms as well as in the prediction of people's needs in rapidly aging societies.

### **Key Topic - 3: Fostering New Leadership**

One of the most important missions for academic medicine is to groom the next generation of leaders for their role in the continuous promotion of global health. We plan to make comparisons among M8 Alliance members of training programs and to reexamine the aims and future directions of our medical education systems.

### **Key Topic - 2: Preparedness for & Resilience after Disasters**

Disasters and environmental hazards are likely to have major impacts on the lifetime health of affected citizens. Accurate predictions and strategic preparations for health impairments caused by these events are among the most important responsibilities of academic medicine. For this second topic, we will discuss our roles in a specific event, the 2011 earthquake off the Pacific coast of Tohoku. The academic community's efforts to develop unified approaches through tripartite collaborations with ministries and industries will be presented as "the Japan model."



Sanjusangen-do Temple



## VISION

The vision of the World Health Summit is improved health worldwide, catalyzed through collaboration and open dialogue, setting tomorrow's agenda for improved research, education, healthcare and policy outcomes.

Health is a Human Right (UN Declaration 1948). Health and personal wellbeing are our societies' most important values. However, compared to the immense rate of progress in the medical sciences, we are lagging far behind in the global delivery of public health and healthcare. At present, more than half of the world's population is not receiving proper medical care. At the same time, demographic change in all parts of the world results in a rapidly rising burden of chronic diseases.

Health is more than medicine. We must clearly define our responsibilities and investments for the development of education, living conditions and medicine and to increase knowledge transfer from bench to bedside and populations. We can make a difference. It is our responsibility to ensure that today's science becomes tomorrow's agenda. Not only fine-tuned coordination of initiatives of academia with governments, civil society and the private sector, but also stable private-public partnerships and investments in health will accomplish our key objectives to improve health in our world.

## MISSION

The World Health Summit's mission is to bring together researchers, physicians, leading government officials and representatives from industry as well as from non-governmental organizations (NGOs) and healthcare systems worldwide to address the most pressing issues facing medicine and healthcare systems over the next decade and beyond.

Health and wellbeing are not only of the highest importance to both the individual and societies, they are also a fundamental human right. Governments and international institutions should integrate health and healthcare into their societal and political agendas and policies to ensure that health is regarded as a public good that must be achieved equitably and to the highest attainable level. To reach this goal, all stakeholders need to cooperate closely to effectively address Global Health challenges.

The World Health Summit is the foremost annual gathering of leaders from academia, politics, industry, and civil society, and acts as a forum for the development of joint strategies to address key challenges in medical research, Global Health and healthcare delivery, with the aim of shaping political, academic and social agendas. Convened under the auspices of the M8 Alliance of Academic Health Centers and Universities in collaboration with the National Academies of Sciences of more than 67 countries and the InterAcademy Medical Panel, the World Health Summit also aims to promote sustainability and social responsibility.

## GOALS

- To engender the improvement of healthcare worldwide by strengthening the links in place between research, academic medicine and decision makers across all healthcare sectors, including government and industry.
- To influence, guide and support positive action by policy and decision makers through the provision of credible and science-based evidence.
- To maintain an international, multi-sectoral health forum, sustaining dialogue, creating networks, and fostering collaboration as a catalyst for innovation and measurable healthcare improvement.
- To promote thought leadership through academic input into the scientific and Global Health agenda.

EXECUTIVE ADVISORY BOARD

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Founding President of  
the World Health Summit  
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*Name by alphabetical order*

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Faculty of Medicine Campus and  
University Hospital  
Kyoto University
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Administration Office  
Faculty of Medicine Campus and  
University Hospital  
Kyoto University



## MISSION

The M8 Alliance's vision is to harness academic excellence to improve Global Health.

The M8 Alliance of Academic Health Centres, Universities and National Academies is a collaboration of academic institutions of educational and research excellence committed to improving Global Health, working with political and economic decision makers to develop science-based solutions to health challenges worldwide.

This international network provides an outstanding academic foundation to the World Health Summit – the pre-eminent annual forum for healthcare dialogue – and acts as a permanent platform for framing future considerations of global medical developments and health challenges in an equitable way.

The M8 Alliance promotes the translation of research progress from the laboratory 'benchtop to the bedside', transformation of our present medical care approach of treating sick people into a true healthcare system with effective prevention of diseases, and the adaptation of health-related solutions to our rapidly changing living conditions through research in priority areas such as demographic shift, urbanization and climate.

## GOALS

The M8 Alliance is improving Global Health through pursuit of five strategic goals:

- Developing a network of academic health science centers worldwide, bringing together universities and healthcare providers;
- Facilitating dialogue through the World Health Summit across a global network of stakeholders engaged with academic health science centers – encompassing government, industry and commerce, inter-governmental agencies, healthcare providers, academies of medicine and science, professional associations and the media;
- Setting an agenda for Global Health improvement through addressing issues of interest to academic health science centers, and by generating key statements conveying findings and recommendations based upon scientific evidence;
- Positioning the M8 Alliance as an authoritative, credible and respected influence upon Global Health decision making; and
- Creating a knowledge base amongst M8 Alliance members, promoting mutual learning, research collaboration, enrichment of educational capabilities and enhanced clinical outcomes.





## LEADERSHIP M8 ALLIANCE

**Axel Radlach Pries**, Charité – Universitätsmedizin Berlin, Germany

**Karl-Max Einhäupl**, Charité – Universitätsmedizin Berlin, Germany

**Nelson K. Sewankambo**, Makerere University, Uganda

**Michael J. Klag**, Johns Hopkins Bloomberg School of Public Health, USA

**José Otávio Costa Auler Jr.**, University of São Paulo, Brazil

**Eduardo Krieger**, Brazilian Academy of Sciences, Brazil

**John Eu-Li Wong**, National University Health System, Singapore

**Elio Riboli**, Imperial College London, United Kingdom

**Peter Piot**, London School of Hygiene & Tropical Medicine, United Kingdom

**Frédéric Dardel**, Sorbonne Paris Cité, France

**Gérard Friedlander**, University of Paris Descartes, France

**Jean-Yves Mérendol**, Président, Sorbonne Paris Cité, France

**Shunichi Fukuhara**, School of Public Health, Kyoto University, Japan

**Christina A. Mitchell**, Monash University, Melbourne, Australia

**Ben Canny**, Monash University, Melbourne, Australia

**Hélène Boisjoly**, University of Montreal, Canada

**Tarik Mörröy**, Institut de Recherches Cliniques de Montréal, Canada

**Henri Bounameaux**, University of Geneva, Switzerland

**Antoine Flahault**, University of Geneva, Université Sorbonne Paris Cité, France

**Lai-Meng Looi**, InterAcademy Medical Panel (IAMP), Malaysia

**Detlev Ganten**, InterAcademy Medical Panel (IAMP), Germany

**Xuetao Cao**, Chinese Academy of Medical Sciences & Peking Union Medical College, China

**Depei Liu**, Chinese Academy of Engineering, China

**Ivan Dedov**, Russian Academy of Medical Sciences, Russian Federation

**Evgeny Sidorenko**, Russian Academy of Medical Sciences, Russian Federation

**Steve Wartman**, International Association of Academic Health Centers (AAHC), USA



Tofuku-ji Temple

Summit Program : MONDAY, APRIL 13

MONDAY  
APRIL 13

**OPENING CEREMONY**  
GRAND PRINCE HOTEL  
KYOTO

**10:30 - 11:15**

## OFFICIAL OPENING CEREMONY



京都大学  
KYOTO UNIVERSITY



FUKUSHIMA  
MEDICAL  
UNIVERSITY



**M8Alliance**  
Academic Health Centers, Universities and National Academies

### HOSTS

**Kyoto University**  
**Fukushima Medical University**

### CHAIR

**Shunichi Fukuhara**  
Dean, School of Public Health  
Kyoto University, Japan

### OPENING REMARKS

**Nagahiro Minato**  
Executive Director, Vice-President  
Kyoto University, Japan

**Shin-ichi Kikuchi**  
President  
Fukushima Medical University, Japan

**Shinji Uemoto**  
Dean, Graduate School of Medicine  
Kyoto University, Japan

**Detlev Ganten**  
Founding President of  
the World Health Summit  
Charité Foundation, Berlin

### OPENING SPEECH

**Michael J. Klag**  
Dean, Johns Hopkins Bloomberg  
School of Public Health  
M8 Alliance Executive Committee,  
United States

### Michael J. Klag

Dean, Johns Hopkins Bloomberg  
School of Public Health  
M8 Alliance Executive Committee,  
United States

### BIOGRAPHY

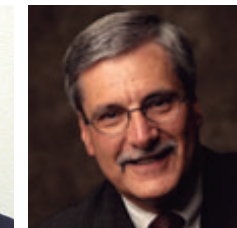
An internationally known expert on the epidemiology and prevention of cardiovascular and kidney disease and a Johns Hopkins faculty member since 1987, Dr. Klag became Dean of the Johns Hopkins Bloomberg School of Public Health on September 1, 2005.

Dr. Klag's research has centered on the prevention, epidemiology and treatment of hypertension and kidney disease. Beginning in 1988, he directed the Johns Hopkins Precursors Study, a prospective study of Johns Hopkins medical students that began in 1946 and continues to follow participants. This study has made seminal contributions to our understanding of how characteristics in young adulthood influence health and disease later in life.

Dr. Klag also has led pioneering studies in kidney disease epidemiology, including the first study to assess the incidence of end-stage renal disease and to identify blood pressure as a risk factor for the development of kidney failure. His work has laid the foundation for numerous subsequent studies.



Nagahiro  
Minato



Michael  
J. Klag



Shin-ichi  
Kikuchi



Shunichi  
Fukuhara



Shinji  
Uemoto



Detlev  
Ganten



**KEYNOTE SPEECH**  
GRAND PRINCE HOTEL  
KYOTO

**11:15 - 12:00**

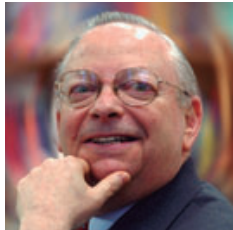
THE UNFINISHED AGENDA OF  
INFECTIOUS DISEASES

**CHAIR**  
**Nagahiro Minato**  
Executive Director, Vice-President  
Kyoto University, Japan

**SPEAKER**  
**Barry R. Bloom**  
Distinguished Service Professor  
Harvard University, United States

**BIOGRAPHY**  
A leading scientist in the areas of infectious diseases, vaccines, and global health and former consultant to the White House, Dr. Bloom is widely recognized for his important discoveries in immunity to tuberculosis and leprosy. He has received numerous awards for his scientific work including the first Bristol-Myers Award in Infectious Diseases, Robert Koch Gold Medal, the Novartis Award in Immunology, and the Prix Galien Pro Bono Humanum Award. He served as Dean of the Faculty of Harvard School of Public Health from 1998 to 2008.

**OUTLINE**  
While non-communicable diseases represent the greatest burden of disease world-wide, the burden of mortality and healthy years of life lost from communicable diseases is greatest in the poorest countries. Emerging infectious diseases, most recently epitomized by the Ebola crisis in West Africa, are a constant threat, but the major burden in developing countries is caused by HIV/AIDS, tuberculosis and malaria. While AIDS and malaria are decreasing significantly, drug resistance to M. tuberculosis is increasing in many countries. Two fundamental questions about tuberculosis that are essential to answer, if new more effective drugs and vaccines against TB are to be developed, what are the necessary and sufficient conditions required for humans to kill Mtb. A major focus of our research interest has been how intracellular pathogens, such as Mtb, are able to avoid the usual antimicrobial mechanisms of macrophages, and how innate and acquired immune mechanisms, particularly macrophages, can be activated to kill this formidable pathogen. Our work and that of others on the immunology of mycobacterial infection resulted in the discovery of cytokines, their patterns found in different in human lesions, and the defining many necessary conditions in animal models and humans required for protection. Studies on lesions of leprosy indicated that the disease is not a single clinical entity but a spectrum which correlates with the types of immune responses. Similarly there is evidence that TB also represents a clinical spectrum that correlates with distinct immune responses. What is lacking presently is understanding of those conditions that are sufficient to kill Mtb in humans. In the course of these human studies with Robert Modlin's lab at UCLA, we found novel immunological and antimicrobial mechanisms for killing Mtb and M. leprae, including a vitamin-D dependent, antimicrobial peptide mediated mechanism that kills M.tb in activated macrophages. This is one of several immunological mechanisms now being described that exist in humans that are not found in experimental animal models, indicating the importance of translational research in these diseases.



Barry  
R. Bloom



Nagahiro  
Minato

**KEYNOTE SPEECH**  
ICCK | ROOM - A**13:15 - 14:00****NO TIME TO LOSE:  
LESSONS FROM AIDS AND EBOLA****CHAIR****Toshio Miyata**

Executive Director  
Health and Global  
Policy Institute,  
Japan

**SPEAKER****Peter Piot**

Director, London School of  
Hygiene & Tropical Medicine,  
United Kingdom

**BIOGRAPHY**

Peter Piot is the Director of the School and a Professor of Global Health. He was the founding Executive Director of UNAIDS and Under Secretary-General of the United Nations from 1995 until 2008, and was an Associate Director of the Global Programme on AIDS of WHO. He was a professor at the Institute of Tropical Medicine, Antwerp, the University of Nairobi, the College de France and Imperial College London. He was a co-discoverer of the Ebola virus, and his research focused on HIV/AIDS, sexually transmitted infections, and women's health. He is a member of the US Institute of Medicine and the UK Academy of Medical Sciences. He published over 550 papers and 17 books, including his memoir "No Time to Lose". He was knighted as a Baron in 1995, and in 2013 was the laureate of the Noguchi Africa Prize and the Prince Mahidol Award.

**OUTLINE**

Whereas worldwide, chronic conditions and injuries are the main causes of mortality and morbidity, infectious disease epidemics will continue to cause major disruption. AIDS and Ebola are two defining, highly fatal, epidemics of our time, the former a protracted pandemic with no end in sight, and the latter in general a more localised and more acute outbreak. In order to ensure more effective responses to future epidemics, lessons from the response to either epidemic will be considered, in particular how they can inform future preparedness for new and old outbreaks, national and global governance, the importance of non-health sectors, of community mobilisation, and of research and innovation.



Peter  
Piot



Toshio  
Miyata

**SYMPOSIUM**  
ICCK | ROOM - A

**14:15 - 15:45**



## GLOBAL HEALTH R&D

### **SPEAKER**

**Alex G. Coutinho**

Chair of the IAVI Board

**Kiyoshi Kurokawa**

Chair of the Board, GHIT Fund  
Adjunct Professor, National Graduate  
Institute for Policy Studies  
Chairman, Health and Global Policy  
Institute, Japan

**BT Slingsby**

CEO, GHIT Fund, Japan

**Osamu Nagayama**

Chairman and CEO  
Chugai Pharmaceutical Co., Ltd.,  
Japan

**Peter Piot**

Director, London School of  
Hygiene & Tropical Medicine,  
United Kingdom  
Former Executive Director of UNAIDS  
GHIT Fund Board Member

### **MODERATOR**

**Koichi Kaneda**

Senior Director, CSR, Corporate  
Communications Department  
Takeda Pharmaceutical Company  
Limited, Japan

### **SESSION OUTLINE**

In 2014, the Ebola outbreak threatened public health and economic viability in West African nations in major ways. Meanwhile, in Tokyo, the first dengue outbreak in 70 years shed light on the fact that globalization and urbanization are hastening the spread of devastating diseases. Furthermore, the world recognized that the necessary drugs, vaccines and diagnostics to tackle these neglected diseases are lacking due to a market failure with tremendous consequences. Clearly no one government, company, or university can solve these problems while creating new life-saving tools for neglected diseases alone. As a result, public-private partnerships (PPP) between government, the private sector, and NGOs/NPOs have become game-changing platforms, enabling the creation of both innovative financing mechanisms and research platforms to facilitate open innovation for product development. In response, the Global Health Innovative Technology (GHIT) Fund was established in April of 2013 as a Japan's first PPP fund for global health R&D between the

Government of Japan, Japan's leading pharmaceutical companies, and the Bill & Melinda Gates Foundation. The GHIT Fund facilitates product development for HIV/AIDS, Malaria, Tuberculosis, and Neglected Tropical Diseases by leveraging Japans' cutting-edge technology, legacy of innovation, and success tackling infectious diseases associated with poverty. This panel discussion highlights ways in which Japan can tackle global health R&D even more proactively and contribute more of its innovation to improving global health with greater speed and impact. The broader issues addressed by the WHS regional meeting in Kyoto, such as demographic shifts, health system strain, and environmental disasters only underscore the need for accelerated global health R&D. Without new tools to address infectious diseases that already infect one sixth of the world's population and put almost half at risk of infection, rapid demographic shifts and natural disasters will continue to take an untenable toll on the region.



Alex G.  
Coutinho



Peter  
Piot



Kiyoshi  
Kurokawa



Koichi  
Kaneda



BT  
Slingsby



Osamu  
Nagayama



**PANEL DISCUSSION**  
ICCK | ROOM - B1

14:15 - 15:45



## PRIMARY CARE - THE ROLE IN SUPER AGING SOCIETY

### CO-CHAIR

#### Izumi Maruyama

President  
Japan Primary Care Association,  
Japan

#### Thomas S. Inui

Professor, Indiana University,  
United States  
Professor by President's Appointment  
Fukushima Medical University

### SPEAKER

#### Amanda Howe

Professor, University of East Anglia  
President-Elect WONCA (World  
Organisation of Family Doctors)  
United Kingdom

#### Leiyu Shi

Director, Johns Hopkins Primary Care  
Policy Center, United States

#### Lee Kheng Hock

Associate Professor  
Singapore General Hospital,  
Singapore

#### Tesshu Kusaba

Vice President  
Japan Primary Care Association,  
Japan

### SESSION OUTLINE

Japan is now facing a difficulty, namely “the super aging society,” where the small population of young, independent individuals must support the large population of the elderly. In such societies, it is important to provide comprehensive care which supports the medical and long term care of the elderly with multimorbidity. The government is now proposing the “Community based comprehensive care system” and the policy is shifting in that direction. In this system the existence of primary care specialists are indispensable. So far the health care system in Japan traditionally placed emphasis on the training of organ-specific specialists and the senses of capturing primary care as a specialized area was sparse. In 2013, the Japanese government decided to establish a new system of comprehensive medical specialists. These new specialists are expected to play an important role in Primary Care. In this session, we would like to discuss the challenges of Primary Care with the experts of the world and, comparing the examples of other countries, we would like consider solutions from a global perspective.



Izumi  
Maruyama



Leiyu  
Shi



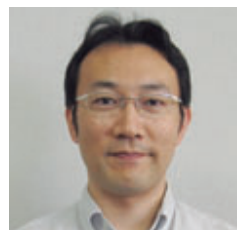
Thomas  
S. Inui



Lee  
Kheng Hock



Amanda  
Howe



Tesshu  
Kusaba

**KEYNOTE SPEECH**  
ICCK | ROOM - A

16:00 - 16:45

## THE VALUE OF BIG DATA TO MEET THE HEALTH CARE NEEDS OF AGING SOCIETIES

### CHAIR

**Shunichi Fukuhara**

Dean, School of Public Health  
Kyoto University, Japan

### SPEAKER

**John Z. Ayanian**

Director, Institute for Healthcare  
Policy and Innovation  
University of Michigan,  
United States

### BIOGRAPHY

John Z. Ayanian, MD, MPP is the inaugural Director of the Institute for Healthcare Policy and Innovation at the University of Michigan, which includes over 400 faculty members from 12 schools and colleges at the University. He is the Alice Hamilton Professor of Medicine at the Medical School, Professor of Health Management and Policy at the School of Public Health, and Professor of Public Policy at the Gerald R. Ford School of Public Policy. He also serves as Associate Editor of the New England Journal of Medicine. Dr. Ayanian has published over 260 articles and chapters on access to care, quality of care, and health disparities related to cancer, cardiovascular disease, diabetes, and kidney disease. He received his BA degree from Duke University, MD degree from Harvard Medical School, and Master of Public Policy degree from the Harvard Kennedy School of Government. He completed his internal medicine residency and fellowship training at Brigham and Women's Hospital. In 2012 he received the John Eisenberg National Award for Career Achievement in Research from the Society of General Internal Medicine. Dr. Ayanian is a Fellow of the American College of Physicians and an elected member of the Institute of Medicine.

### OUTLINE

Large health care databases have great value to assess the quality and costs of health care and to evaluate health outcomes, particularly for chronic health conditions in aging societies. These databases are widely used in the US, and their use is growing in Japan to study health care utilization and outcomes of adults with major aging-related conditions, including cancer, heart disease, stroke, diabetes, and kidney disease.

Large databases supported by the Japanese Ministry of Health, Labour and Welfare include the Diagnosis Procedure Combination (DPC) database and the Comprehensive Survey of People's Living Conditions. Databases sponsored by the US Department of Health and Human Services include nationally representative surveys such as the National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES), hospital administrative data such as the Nationwide Inpatient Sample (NIS) from the Healthcare Cost and Utilization Project (HCUP), and clinical registries such as National Cancer Institute (NCI) Survival, Epidemiology and End Results (SEER) database and National Heart, Lung and Blood Institute (NHLBI) cohort databases.

Key findings and challenges from studies of large databases will be presented, including examples from US and Japanese studies. National investments in large databases for health services research and rigorous training of clinical and population health investigators to analyze these databases have the potential to substantially improve health care and health outcomes.



John Z.  
Ayanian



Shunichi  
Fukuhara

**SYMPOSIUM**  
ICCK | ROOM - A

**17:00 - 18:30**

## DESIGNING A HEALTHY CITY

Trans-disciplinary collaboration to overcome the challenge of super-aging society

### CO-CHAIR

#### Hiroo Kinoshita

President, Kyoto International Conference Center, Japan

#### Rei Goto

Associate Professor  
Kyoto University, Japan

### SPEAKER

#### Masashi Mori

Mayor, Toyama City, Japan

#### Shuzo Nishimura

Director, Institute for Health Economics and Policy, Japan

#### Hidenao Fukuyama

Professor Emeritus, Kyoto University, Japan

#### Soonman Kwon

Professor, Seoul National University, Republic of Korea

### SESSION OUTLINE

In Japan, there are wide variations in demographics in the local municipalities, ranging from densely-populated urban centers to depopulated areas. The first-tier local government has the role of insuring health care and maintaining long-term care. As a result, it is responsible for providing integrated care. Additionally, local governments can implement industrial and urban policies, as well as social security policies, to match regional demographic variations and different community needs. Collaboration between professionals with diverse specialties is another key in designing healthy cities with rapidly aging populations. We need to compare measures and their consequences that each municipality has recorded and to determine optimal conditions that promote the health and welfare of communities.

In this symposium, we first share the present situations dealing with the hyper aging society of Japan and the possible changes in living conditions and economic status of local communities. As a successful example, policy designs of Toyama City for a healthier city and the program fostering human resources for inter-disciplinary collaborations in Kyoto University are introduced. Then, we discuss what policies we need to design for developing healthy cities and the possible implications for other countries.



Hiroo Kinoshita



Hidenao Fukuyama



Rei Goto



Soonman Kwon



Masashi Mori



Shuzo Nishimura



**PANEL DISCUSSION**  
ICCK | ROOM - B1**17:00 - 18:30****BIG DATA IN HEALTHCARE****CO-CHAIR****Takeo Nakayama**

Professor, School of Public Health  
Kyoto University, Japan

**Adam Tanner**

Fellow, Harvard University,  
United States

**SPEAKER****Yuichi Imanaka**

Professor, School of Public Health  
Kyoto University, Japan

**Shinya Kimura**

Chairman  
Japan Medical Data Center Co., Ltd.,  
Japan

**John McNeil**

Professor, Monash University,  
Australia

**Kuo-Liong Chien**

Professor, National Taiwan University,  
Taiwan

**SESSION OUTLINE**

Interest in Big Data is rapidly increasing worldwide and it is getting more and more popular in the field of healthcare.

Its features are often described as “4V”; Volume, Velocity, Variety, and Veracity. Besides these, the society is also expecting to gain new “Vision” and “Value” which could eventually be found through the use of big data. Big data is “common lands of information” where people who make up a society bring together information and benefit from it. Big data in general consists of not only medical related information but also a wide variety of information.

In this session, we will explore the current situation of big data in the world in general and discuss challenges and future perspectives of utilizing big data in healthcare.



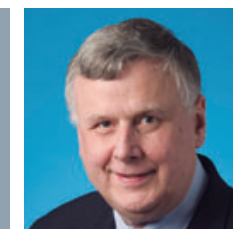
Takeo  
Nakayama



Shinya  
Kimura



Adam  
Tanner



John  
McNeil



Yuichi  
Imanaka



Kuo-Liong  
Chien



Tofuku-ji Temple

Summit Program : TUESDAY, APRIL **14**

TUESDAY  
APRIL 14

**SYMPOSIUM**  
ICCK | ROOM - A  
**10:00 - 11:30**



## PHYSICAL ACTIVITY AND SPORT

### Sport Events and Sport for All

#### CO-CHAIR

##### **Hisashi Sanada**

Professor, University of Tsukuba  
Chairman of TIAS, Japan

##### **Atsuyuki Asano**

Director  
Olympic and Paralympic Games  
Ministry of Education, Culture, Sports,  
Science and Technology, Japan

#### SPEAKER

##### **Ugur Erdener**

Executive Board Member of IOC  
Chairman of IOC Medical Commission  
Professor, Hacettepe University,  
Turkey

##### **Jens V. Holm**

Chief Executive Officer  
International Masters Games  
Association

##### **Koji Murofushi**

Professor  
Tokyo Medical and Dental University  
Olympic Gold Medalist  
Board member of TOCOG\*, Japan

#### SESSION OUTLINE

The Olympic Movement by the IOC includes the following six topics: Sport for All; Education; Women and Sport; Sport and Environment; Development through Sport; and, Peace through Sport. This means 'Sport for All' is a very important pillar of the Olympic Movement.

Also in Japan, Jigoro Kano who founded the Nippon Sport Association in 1911 promoted the idea that not only the athletic ranking in the world but also the development of Sport for All is important. Moreover, the following two visions of the 2020 Tokyo Olympic and Paralympic Games also highlight the importance of Sport for All.

- We arrange the environment for the people to do sport eternally whenever and wherever they want.
- We should show the important role of sport in the improvement of physical fitness and promotion of health for the people in an aging society.

Since Japan has entered into an era of a low birthrate and aging society, the idea of a healthy life expectancy becomes additionally important. When all the people, young and elderly alike, would be able to participate in sports, a healthy life expectancy will be prolonged. Sports also lead to a peaceful, safe and barrier-free society for elderly people.

From these points, we would like to access the sport events in light of Sport for All.



Hisashi  
Sanada



Ugur  
Erdener



Atsuyuki  
Asano



Jens V.  
Holm



Koji  
Murofushi

\*TOCOG: The Tokyo Organising Committee of the Olympic and Paralympic Games

PANEL DISCUSSION  
ICCK | ROOM - B1  
  
10:00 - 11:30

HEALTH TECHNOLOGY ASSESSMENT (HTA)

CO-CHAIR

**Koji Kawakami**

Professor, School of Public Health  
Kyoto University, Japan

**Mondher Toumi**

Professor, Aix-Marseille University,  
France

SPEAKER

**Akira Morita**

Director-General, National Institute of  
Population and Social Security  
Research, Japan

**Mondher Toumi**

Professor, Aix-Marseille University,  
France

**John Zalcberg**

Professor, Monash University,  
Australia

SESSION OUTLINE

The budget control objective of developed countries is challenged by the increased needs of healthcare for an aging population and the reimbursement of expensive new innovative therapies. An increasing number of countries did adopt Health Technology Assessment (HTA) as a tool to drive reimbursement of medicine, medical devices or medical procedures. Although the general vision is similar across countries, different decision frameworks have been adopted and the impact of HTA vary dramatically across countries. HTA are regularly subject to controversies, one suggesting that HTA prevents access to important therapies for patients while others support that HTA is a critical contributor to sustainability of the healthcare system. Within such a context, this session aims to address the following topics:

- \* How existing HTA have been impacting access to new technologies and the budget of payers?
- \* How different models variously impact the level of access and the budget of payers?
- \* Is there an opportunity to learn from existing HTA and avoid duplication of work within all HTA?
- \* Is the development of the Affordable Care Organization in the US a threat or a new life for HTA?
- \* HTA 2020 around the world.



Koji  
Kawakami



Mondher  
Toumi



Akira  
Morita



John  
Zalcberg



PANEL DISCUSSION  
ICCK | ROOM - B2  
  
10:00 - 11:30

FOSTERING NEW LEADERSHIP  
IN MEDICAL ACADEMIA

CO-CHAIR

**Thomas S. Inui**

Professor, Indiana University,  
United States  
Professor by President's Appointment  
Fukushima Medical University

**Shunichi Fukuhara**

Dean, School of Public Health  
Kyoto University, Japan

SPEAKER

**Ben Canny**

Associate Dean, Medical School  
Monash University, Australia

**Josef Coresh**

Professor, Johns Hopkins Bloomberg  
School of Public Health, United States

**Antoine Flahault**

Professor, University of Geneva,  
Switzerland

**Thomas S. Inui**

Professor, Indiana University,  
United States  
Professor by President's Appointment  
Fukushima Medical University

SESSION OUTLINE

Academic Health Science Centers (AHSCs) are privileged institutions within the societies they serve. While there are variations from one national setting to another, AHSCs usually have access to special financial resources (for example, grants, funding for specialty services, programmatic and center of excellence support), some of the best and brightest university-level students, and freedom from taxation. In return for this special status, much is expected in return by the body politic (ministry of health, national legislature and other policy makers). The shifting scene of today's environment complicates what AHSCs must do to continue to merit their special status.

As rapid changes occur in an AHSC's host society, the values and needs people bring to medicine and medical care are changing. The 'aging' of our populations, easy access to lay-language technical information on the Internet, widespread use of telecommunications are all increasing the sophistication, aspirations and demands of the patients AHSCs serve. In some of the developed world, AHSC quality of care, educational ranking among peer schools and scientific productivity are all public information. Reputations are at stake and market competition among AHSCs may arise.

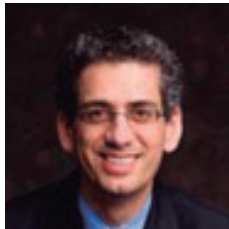
In order to meet the needs and demands of their host societies in this complex and dynamic environment,

AHSCs must be better attuned to their accountabilities and better managed than ever before in history. Their several 'product lines' (education, scientific, health care delivery enterprises and compliance with national/regional and local policies) must flow from careful, mission-focused orchestration of AHSC effort, financial resources, and infrastructure (like information systems, equipment, and space) with great efficiency and minimal waste. Because AHSCs in many settings are a collection of institutions (for example, university, health professions schools and hospitals) with relative independence, integration of core AHSC enterprises across these institutions requires alignment and coordination and teamwork by the executive leadership of diverse institutions, often leadership with different perspectives and incentives.

One of the core mission responsibilities of AHSCs is to cultivate and prepare young leaders for their roles and responsibilities in the AHSCs of the future. The development of such personnel is certainly one of the greatest social responsibilities medical academia has. Taking advantage of the opportunity to bring together the representatives of the leading universities of the world, we would like to discuss the vision and strategy for AHSC human resource development and how medical academia can respond to this challenge.



Thomas  
S. Inui



Josef  
Coresh



Shunichi  
Fukuhara



Antoine  
Flahault



Ben  
Canny

**SPECIAL LECTURE**  
(with Lunch)  
ICCK | ROOM - A

**12:00 - 12:45**

RESPONSIBLE AND  
INNOVATIVE CYBERNIC SYSTEMS  
FOR AGING SOCIETY

**CHAIR**  
**Lise Gauvin**  
Professor  
Université de Montréal, Canada

**SPEAKER**  
**Yoshiyuki Sankai**  
Professor, Center for Cybernics  
Research, University of Tsukuba  
CEO, CYBERDYNE Inc., Japan

**BIOGRAPHY**  
Yoshiyuki Sankai acquired a Ph.D. in Engineering from the University of Tsukuba, Japan, in 1987. He has progressed from being a Japan Society for the Promotion of Science Research Fellow to Assistant Professor, Associate Professor, and Professor at the Graduate School of Systems and Information Engineering, University of Tsukuba. Dr. Sankai is also a Visiting Professor at Baylor College of Medicine, Houston, Texas, United States. Currently, he is Professor and Director at the Center for Cybernics Research, University of Tsukuba, the President and CEO of CYBERDYNE Inc., and a Program Manager of the Impulsing Paradigm Change through Disruptive Technologies (ImPACT) Program, initiated by the Council for Science, Technology and Innovation of the Cabinet Office, Japan. He is a fellow of the international journal of the Robotics Society of Japan (RSJ) (2012). He also served as Chairman (2005) and Executive Board member (2004-2005) of Advanced Robotics, as well as Executive Board member (2000-2012), congress head (2003), and fellow (2005) of the Japan Society of Embolus Detection &

Treatment. He has been a council member on one of the Global Agenda Councils of the World Economic Forum. He has pioneered innovative Cyborg-type robot technology in a new academic field called “Cybernetics” and established a social problem-solving venture company. He led the intellectual property strategy and international standard setting by ISO as an expert member of the committee on medical robots. His Robot Suit HAL acquired the CE marking certification for medical devices and its use for medical treatment is being covered by the public worker’s compensation insurance in Germany.



Yoshiyuki  
Sankai



Lise  
Gauvin

**KEYNOTE SPEECH**  
ICCK | ROOM - A**13:15 - 14:00****HEALTHY AGING:  
WHAT CAN JAPANESE SOCIETY TELL US ?****CHAIR****Hideki Hashimoto**

Professor  
Graduate School of Medicine  
The University of Tokyo, Japan

**SPEAKER****Ichiro Kawachi**

Professor  
Harvard School of Public Health,  
United States

**BIOGRAPHY**

A world renowned researcher who was seminal in establishing the field of “Social Epidemiology”, Dr. Kawachi has conducted investigations on the damaging population health consequences of inequality, as well as social capital as a determinant of community wellbeing. He was the co-editor (with Lisa Berkman) of the first textbook on Social Epidemiology, published by Oxford University Press in 2000; now in its second revised edition. He is the author of eleven other books. He is the Co Editor-in-Chief (with SV Subramanian) of the international journal Social Science & Medicine and an elected member of the Institute of Medicine of the US National Academy of Sciences.

**OUTLINE**

Healthy aging is defined as the ability to maintain optimal physical, mental, and social well-being as we age. The opportunity for healthy aging is not just limited to those individuals who manage to remain free of disease and disability as they grow older; such a restrictive definition would apply only to a minority of the population (less than five percent). The concept of healthy aging is much broader than the absence of disease or disability; it acknowledges the potential for even older individuals with chronic conditions to experience productive and fulfilling lives.

Healthy aging is dependent on not just the quality of medical care, but on people’s experiences of social conditions throughout their life-course. The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, learn, work and age.” Healthy aging is dependent on the quality of schooling we receive in youth, access to safe and secure jobs, the availability of decent housing, public transport, and residential environments that provide opportunities for social interaction.

Japanese society is experiencing the fastest rate of population aging in the world. In this presentation I will focus on the social determinants of healthy aging in Japanese society. In particular, what can the rest of the world learn from the Japanese case with regard to the opportunities to promote healthy aging? What are the barriers and threats to healthy aging in society?



Ichiro  
Kawachi



Hideki  
Hashimoto

This session is sponsored by The Naito Foundation.

SYMPOSIUM

ICCK | ROOM - A

14:15 - 15:45

SOCIAL CONNECTEDNESS AND  
HEALTHY AGING

CO-CHAIR

**Ichiro Kawachi**

Professor  
Harvard School of Public Health,  
United States

**Katsunori Kondo**

Professor  
Chiba University, Japan

SPEAKER

**Jun Aida**

Associate Professor  
Tohoku University, Japan

**Kokoro Shirai**

Associate Professor  
University of the Ryukyus, Japan

**Hiroyuki Hikichi**

Visiting Scientist  
Harvard School of Public Health,  
United States

**Katsunori Kondo**

Professor  
Chiba University, Japan

SESSION OUTLINE

Healthy aging is defined as the ability to maintain optimal physical, mental, and social well-being as we age. Promoting the healthy aging of the population depends critically on the adoption of healthy behaviors, such as eating a healthy diet and regular physical activity. However, in addition to healthy lifestyles, there is growing recognition of the importance of social connectedness as a way to promote healthy aging. Social scientists and gerontologists alike have long recognized that the quality of our social relations is crucial to our ability to age successfully. Active social participation and civic engagement are critical to maintaining optimal physical and cognitive functioning.

“Social capital” is a concept used to describe the quality of our social connections. Social capital is defined as the resources that people can access through their social relationships; it recognizes that social connections in our daily lives have value, and that the advancement of wellbeing in society should look beyond the accumulation of wealth (financial

capital) or knowledge and skills (human capital). In this session we will explore the important lessons learned from epidemiological studies of the impact of social connectedness on health. The panel speakers will highlight the empirical contributions of the ongoing Japan Gerontological Evaluation Study (JAGES). The topics will include: (a) how can social participation promote healthy aging?; (b) how does community social capital contribute to disaster resilience and recovery?; and (c) how can policies promote social capital and social connectedness?



Ichiro  
Kawachi



Kokoro  
Shirai



Katsunori  
Kondo



Hiroyuki  
Hikichi



Jun  
Aida



**PANEL DISCUSSION**  
ICCK | ROOM - B1

14:15 - 15:45



FUKUSHIMA  
MEDICAL  
UNIVERSITY

## BUILDING A RESILIENT HEALTHCARE SYSTEM - LESSONS LEARNED FROM FUKUSHIMA

### CO-CHAIR

#### Hitoshi Ohto

Vice-President  
Fukushima Medical University,  
Japan

#### Koichi Omori

Professor  
Department of Otolaryngology  
Fukushima Medical University,  
Japan

### SPEAKER

#### Mitsuru Munakata

Professor  
Department of Pulmonary Medicine  
Fukushima Medical University, Japan

#### Seiji Yasumura

Professor  
Department of Public Health  
Fukushima Medical University, Japan

#### Shigeatsu Hashimoto

Professor, Department of the Health  
Examination and Promotion  
Fukushima Medical University, Japan

#### Rifat Atun

Professor  
Harvard School of Public Health,  
United States  
Visiting Professor, Kyoto University

### SESSION OUTLINE

The Great East Japan Earthquake and Tsunami hit the coast of Japan on March 11, 2011. Its impact on the health and medical care system has not lasted, yet it will continue in a long-term basis.

In this session, we will introduce the experience of Fukushima; 1) what happened in Fukushima just after the disaster, 2) actions taken by the Fukushima Medical University in an acute phase, and 3) health problems caused by evacuation in a chronic phase. We will also introduce the healthcare reforms and findings obtained after the major earthquake in western Turkey in 1999.

Taking this tragic disaster as an opportunity to rebuild an ideal society that is resilient to disaster, it is important to identify the problems of the Japanese medical care and social system. The world is paying attention how Japan would approach these challenges.



Hitoshi  
Ohto



Seiji  
Yasumura



Koichi  
Omori



Shigeatsu  
Hashimoto



Mitsuru  
Munakata



Rifat  
Atun

**SPECIAL LECTURE**  
ICCK | ROOM - A

**16:00 - 16:45**

## RETINAL REGENERATIVE MEDICINE USING IPS CELLS

### CHAIR

#### Hiroo Imura

Professor Emeritus  
(the 22nd President)  
Kyoto University, Japan

### SPEAKER

#### Masayo Takahashi

Project Leader  
RIKEN Center for Developmental  
Biology, Japan

### BIOGRAPHY

Dr. Masayo Takahashi, a Top 10 Scientist selected by Nature in 2014, led the world's first transplant of tissue generated from iPS cells into a person.

Dr. Masayo Takahashi specializes in Ophthalmology, graduated from Kyoto University's School of Medicine and performed research there for several years after obtaining an M.D. in 1992. She joined RIKEN in 2006 as a team leader in the Kobe Institute and from there on she conducted research on retinal regeneration at the RIKEN Center for Developmental Biology while practicing as a physician at the Department of Ophthalmology of Kobe City Medical Center General Hospital. Since 2008, she has also been a leader of the Visual Regeneration Research Group at the Institute of Biomedical Research and Innovation Hospital. She was the first researcher who succeeded in generating retinal cells and retinal pigment epithelial cells (RPEs), first from ES cells, and then from iPS cells. She is now leading the first human clinical studies using iPS cells to treat patients suffering from age-related macular degeneration.

### OUTLINE

The first man-related application of iPS-derived cells started in September 2014 targeting an incurable retinal disease called age-related macular degeneration (AMD). AMD is caused by the senescence of retinal pigment epithelium (RPE) that affect the center of the retina (macula). It is a major cause of visual impairment in advanced countries. We aim to develop a treatment that replaces damaged RPE with normal, young RPE made from patients' own iPS cells to rescue photoreceptors in the neural retina.

In the clinical study, we judge the outcome one year after the surgery. Grafted cell sheets went through various tests and tumorigenicity tests use immunodeficient mice to check the safety. The primary endpoint is safety, and mainly tumor formation and immune rejection will be checked.

One of the issues of regenerative medicine is that expectation becomes hype. In this clinical study, efficacy such as increases in retinal sensitivity is the secondary endpoint. Hype comes from a way of thinking that a

cure is the only way for a solution. In retinal regenerative medicine, visual function might remain low even after successful treatment, so that regenerative medicine will be accomplished following rehabilitation (low vision care).

In Japan, pharmaceutical laws have been changed and a new chapter for regenerative medicine was generated. This is the first law specifically for regenerative medicine in the world. It was determined in cooperation with ministries and academia and its success will depend on the cooperation with ministries and academia. I will discuss about the future of regenerative medicine in Japan.



Hiroo  
Imura



Masayo  
Takahashi

**CLOSING CEREMONY**  
ICCK | ROOM - A  
  
17:00 - 18:00



## CLOSING CELEMONY

**HOSTS**  
**Kyoto University**  
**Fukushima Medical University**

**CHAIR**  
**Shunichi Fukuhara**  
Dean, School of Public Health  
Kyoto University, Japan

**BEST POSTER AWARD**  
**Eduardo Krieger**  
Executive Diretor for International  
Affairs  
University of São Paulo Medical  
School, Brazil

**SUMMARY OF REGIONAL MEETING**  
**Thomas S. Inui**  
Professor, Indiana University,  
United States  
Professor by President's  
Appointment  
Fukushima Medical University

**CLOSING SPEECH**  
**Ugur Erdener**  
Executive Board Member of IOC  
Chairman of IOC Medical Commission  
Professor, Hacettepe University,  
Turkey

**Hiroo Imura**  
Professor Emeritus  
(the 22nd President)  
Kyoto University, Japan

**INTRODUCTION TO WHS2015**  
**Ben Canny**  
Associate Dean, Medical School  
Monash University, Australia  
M8 Alliance Executive Committee

**CLOSING**  
**Detlev Ganten**  
Founding President of the World  
Health Summit  
Charité Foundation, Berlin, Germany

**Ugur Erdener**  
Executive Board Member of IOC  
Chairman of IOC Medical Commission  
Professor, Hacettepe University, Turkey

**BIOGRAPHY**  
Dr. Ugur Erdener is a physician specialized in ophthalmology and is also an athlete in the triple jump and a renowned basketball player. He is currently a member of the International Olympic Committee and President of the National Olympic Committee of Turkey. He has published over 65 articles on ophthalmology in both foreign and domestic journals. He has received many awards in the fields of both medicine and sport; selected as Turkey's Sportsman of the Year four times.

**Hiroo Imura**  
Professor Emeritus  
(the 22nd President)  
Kyoto University, Japan

**BIOGRAPHY**  
Dr. Hiroo Imura is a leading medical scientist in Japan in the field of endocrinology and diabetology. He had been Professor of Medicine and then served as President of Kyoto University for 6 years. He then became an executive member of the Council of Science and Technology Policy which is an advisory body to the Prime Minister in science and technology policy. He is now President, Foundation for Biomedical Research and Innovation in Kobe Biomedical Cluster and President, the 29th General Assembly of Japan Medical Associations.



Eduardo  
Krieger



Hiroo  
Imura



Thomas  
S. Inui



Ben  
Canny



Ugur  
Erdener



Detlev  
Ganten



Shunichi  
Fukuhara



## GENERAL INFORMATION AND MAPS



## Kyoto International Conference Center [ICC Kyoto]

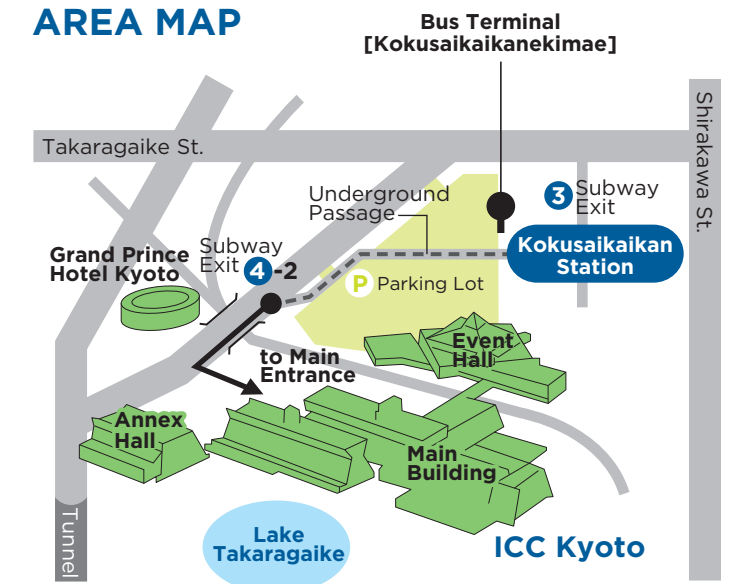
Takaragaike, Sakyo-ku,  
Kyoto 606-0001, Japan  
Tel: +81-75-705-1229  
Fax: +81-75-705-1100



## SUBWAY LINE



## AREA MAP

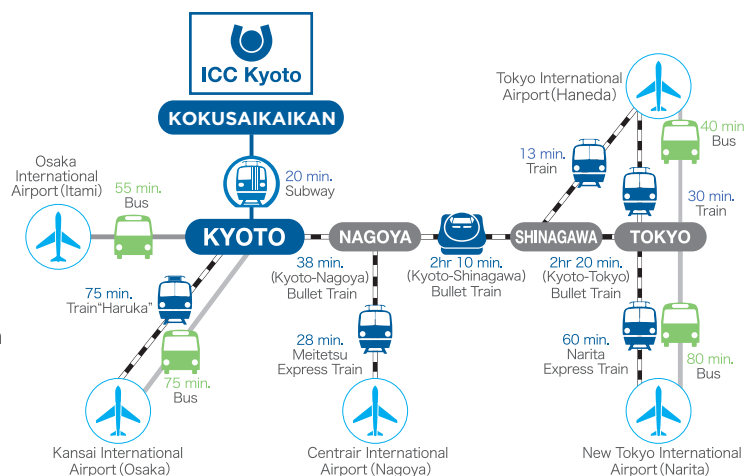


**Subway Karasuma Line**  
**Subway Tozai Line**

14min. from Karasuma Oike  
16min. from Shijo  
20min. from Kyoto

Ideally located, with excellent access from all over the world and anywhere in Japan

Since Kyoto is located more or less at the center of Japan, it enjoys a strategic position in the transport network and excellent accessibility. Kyoto's central railway station can be reached from Kansai International Airport in 75 minutes with the "Haruka" airport express service, and from Osaka International Airport in Itami in 55 minutes by limousine bus. ICC Kyoto ("Kokusaikaikan" station) can be reached from Kyoto station in just 20 minutes by the Karasuma subway line. From the Tokyo metropolitan area Kyoto can be reached in about two and a half hours by Shinkansen (Bullet Train) with easy transfer to subway at JR Kyoto station.



#### Access by Rail

from Tokyo, Shinagawa and Nagoya	JR Tokaido Shinkansen	JR Kyoto Station	Subway: Karasuma Line from Kyoto Station, 20min. from Shijo Station, 16min.
from Kyushu and Chugoku	JR Sanyo Shinkansen		
from Osaka and Kobe	JR Kyoto Line		
	Hankyu Kyoto Line	Karasuma Station	Subway: Tozai Line & Karasuma Line from Sanjokeihan Station, about 20min.
	Keihan Main Line	Sanjo Station	

#### Access by Air

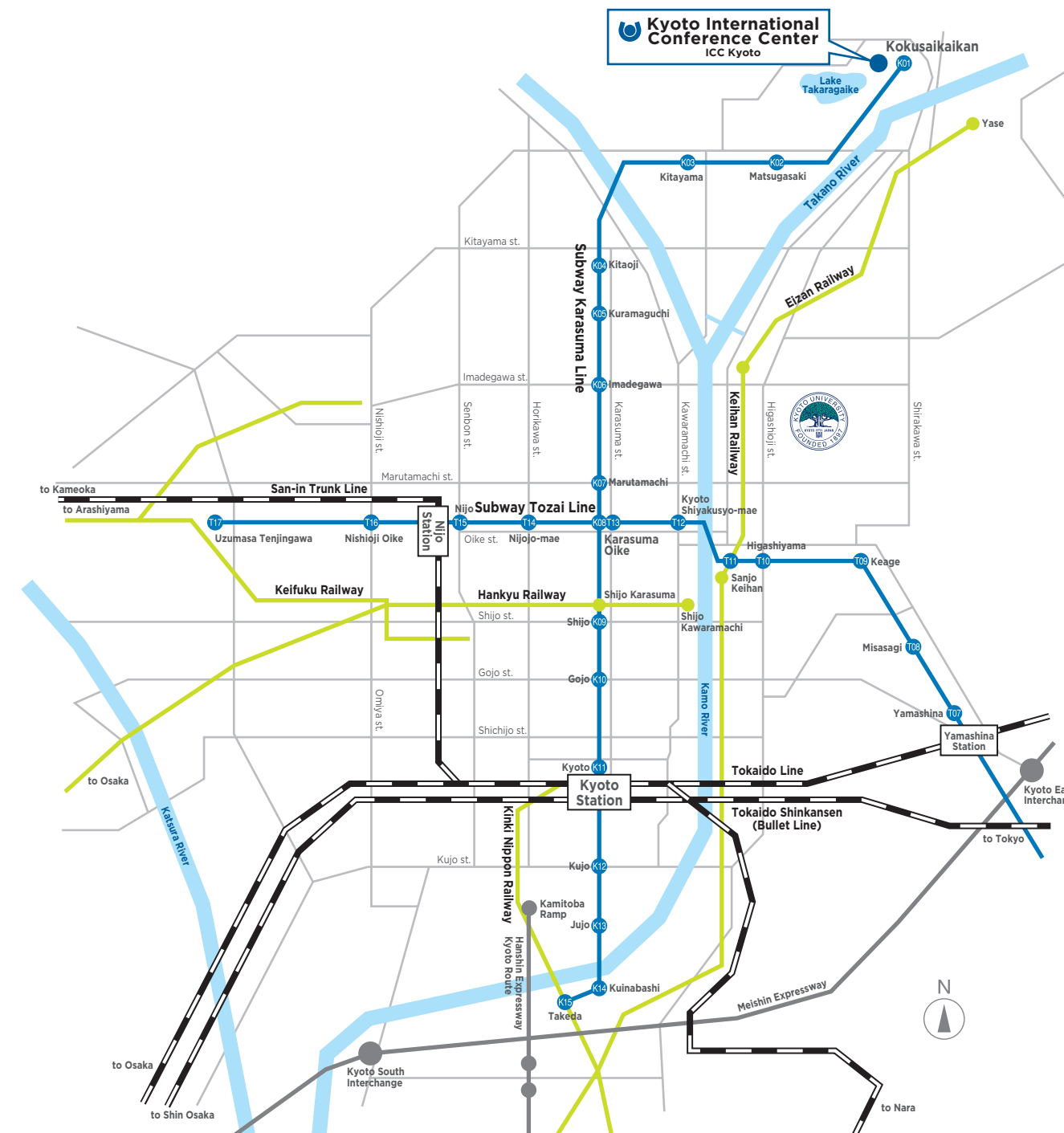
Kansai International Airport	JR Haruka Airport Express (75min.) Limousin bus (approx. 75min.)	JR Kyoto Station	Subway: Karasuma Line from Kyoto Station, 20min.
Osaka International Airport (Itami)	Limousin bus (approx. 55min.)		
Centrair International Airport (Nagoya)	Meitetsu Express + JR Shinkansen (approx. 80min.)		

#### Access by Road

Meishin Expressway	Take the Kyoto South or Kyoto East exit and follow the signs to "Kyoto International Conference Center." (40min.)
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Kyoto International Conference Center



## CITY OF KYOTO



Kyoto is a city located in the Kansai region, famous for its natural scenery, temples, shrines, towns and homes intermingle with a poignant historical beauty.

Also known as the City of Ten Thousand Shrines, the cityscape is dominated by 2000 temples and shrines, and 17 traditional locations in Kyoto were inscribed on UNESCO's World Heritage List in 1994.



## A MIXTURE OF ANCIENT AND MODERN

Formerly the imperial capital of Japan for more than 1,000 years, the city is now home to 1.5 million people and a major part of the Kyoto-Osaka-Kobe metropolitan area. The city limits contain opportunities to experience leading modern technology and architecture, neon lights and deafening gaming parlors, graceful geisha (known as Geiko and Maiko in Kyoto) and serene Buddha, a formidable castle and secluded temples, and even lush green rice paddies. There is a great deal to see and experience in this city during free time in the business schedule and for accompanying persons who want to venture off site. The city also offers visitors endless opportunities to gain meaningful hands-on experience of rich Kyoto culture through Tea Ceremony, sake brewing, kimono wearing, swordsmanship, and more. Each season brings festival and event highlights that date back to the foundation of Kyoto in the eighth century.

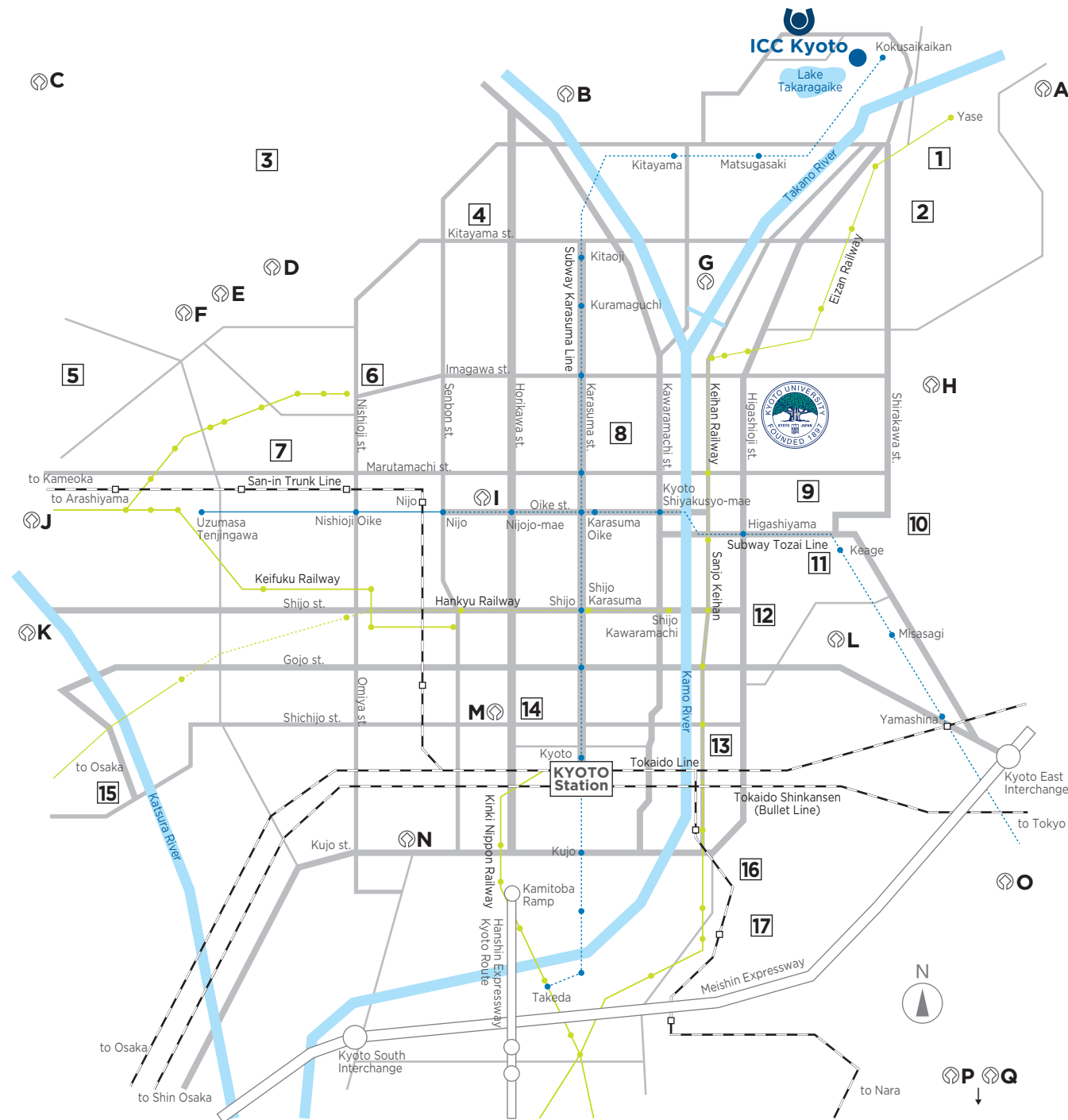
The rich heritage is reflected in modern technical advances. Kyoto is packed with opportunities to rub shoulders with new frontier industries and top Japanese scholars. Kyoto is one of the academic centers in Japan and home to around 40 institutions of higher education, and in fact, half of all Japanese Nobel Prize winners have been Kyoto University researchers.

## KYOTO IS A PLEASURE ALL SEASONS AND WEATHERS.

Kyoto has a temperate northern hemisphere climate with clearly defined seasons and predictable weather patterns. April heralds a warm spring full of excitement for celebrating much cherished cherry blossoms. Innumerable green hues in temple areas offer respite from summer heat. Autumn brings bright reds and yellows that harmonize with the historic monuments from October to December. The silence brought by an occasional dusting of snow is said to be the best way to appreciate Kyoto during winter.

Also, Kyoto residents are renowned for their hospitality: Outstanding service is part of the city pride. Therefore rest assured that wherever you go, be it meeting venues, hotels, restaurants or enchanting cobbled lane, you will be welcomed with all the warmth of the culture heart of Japan.





In Kyoto, there are 17 castles, temples and shrines which are registered as World Heritage Sites. The years in which they were built vastly range from before 794 CE, when the capital of Japan was transferred to Heian-kyo (current Kyoto-city), to the Edo period of 1603-1868 CE.

World Heritage

- A Mt. Hiei-zan Enryaku-ji Temple
- B Kamigamo-jinja Shrine
- C Kozan-ji
- D Kinkaku-ji Temple (The Golden Pavilion)
- E Ryoan-ji Temple
- F Ninna-ji Temple
- G Shimogamo-jinja Shrine
- H Ginkaku-ji Temple (The Silver Pavilion)
- I Nijo-jo Castle
- J Tenryu-ji Temple
- K Saiho-ji Temple (Koke-dera Temple)
- L Kiyomizu-dera Temple
- M Nishi-Hongwan-ji Temple
- N To-ji Temple
- O Daigo-ji Temple
- P Byodo-in
- Q Ujigami-jinja

Temples, Shrines and Others

- 1 Shugakuin Imperial Villa
- 2 Shisen-do Temple
- 3 Genko-an Temple
- 4 Daitoku-ji Temple
- 5 Daikoku-ji Temple
- 6 Kitano-tenmangu Shrine
- 7 Myoshin-ji Temple
- 8 Kyoto Imperial Palace
- 9 Heian-jingu Shrine
- 10 Nanzen-ji Temple
- 11 Shoren-in Temple
- 12 Yasaka-jinja Shrine
- 13 Sanjusangen-do Temple
- 14 Higashi-Hongan-ji Temple
- 15 Katsura Imperial Villa
- 16 Tofuku-ji Temple
- 17 Fushimi Inari-taisha Shrine

<http://www.city.kyoto.jp/koho/eng/index.html>



## ABOUT KYOTO UNIVERSITY

Kyoto University was founded by imperial ordinance on 18 June 1897, the second university to be established in Japan. Kyoto University currently has 10 faculties, 17 graduate schools, 14 research institutes, and 21 research and educational centers.

Kyoto University states its mission to sustain and develop its historical commitment to academic freedom and to pursue harmonious coexistence within the human and ecological community on this planet.



Graduate School of Medicine in 1914  
(Kyoto University Archives)

### Graduate School of Medicine

Soon after the foundation of Kyoto University, the Graduate School of Medicine was founded in 1899 and has greatly contributed to society with its advanced education and research of the highest standards. It has produced numerous world leading scholars and researchers of medicine and a continuous stream of medical treatment and research findings of great originality.

The Graduate School of Medicine has over 1,300 undergraduate students, 1,000 graduate students and around 440 faculty members with 120 administration staff.



Graduate School of Medicine



School of Public Health



### School of Public Health

Kyoto University School of Public Health was established in 2000, and was the first institution of its kind in Japan, offering the degrees of Master of Public Health (MPH) and Doctor of Public Health (DrPH). The school explores the integrated socio-ecological approach for health, referred to as the “New Public Health.”

To meet the new health challenges of the 21st century, it combines classic public health fields such as communicable and chronic disease control, family health, nutrition and environmental health with new fields such as clinical epidemiology, pharmacoepidemiology, socioepidemiology, behavioral science, health promotion, informatics, economics, and ethics.

This innovative approach to public health is pursued by the school's 18 departments, which welcome motivated students and professionals from around the world with diverse backgrounds, including the medical, natural and social sciences.

## ABOUT FUKUSHIMA MEDICAL UNIVERSITY

Fukushima Medical University (FMU) was established in 1944 with a mission to lead the medical community in Fukushima Prefecture.

FMU includes a School of Medicine and a School of Nursing. Both schools have educated specialists who contribute to health and welfare throughout Japan.

FMU has 630 faculty members, 1,044 undergraduates, 207 Graduates students, and 1,401 technical and administrative staff. FMU Hospital serves as a general hospital with 36 clinical departments and 778 beds, offering advanced medical care. The average number of inpatients and outpatients per day were 591 and 1,455 in 2013.



To fulfill the desire of Fukushima citizens to “enjoy a lifetime of health and wellness”, FMU is committed to providing high quality medical services as the core medical institution in Fukushima Prefecture, while ceaselessly striving to advance its medical skills. It is also a research institute with an aim to contribute to the community and the welfare of humanity through advances made in medicine, nursing and related areas.

FMU has been providing medical care for disaster victims that suffered from the Great East Japan Earthquake and subsequent tsunami that ravaged the Tohoku region including Fukushima Prefecture, and serving as a secondary radiation emergency medical care facility.

FMU’s mission is to protect and manage the health of people for generations to come.



Fukushima Medical University

ORGANIZERS



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KYOTO UNIVERSITY



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Aida, Jun      Asano, Atsuyuki      Atun, Rifat      Ayanian, John Z.      Bloom, Barry R.      Canny, Ben      Chien, Kuo-Liong      Coresh, Josef



Coutinho, Alex G.      Erdener, Ugur      Flahault, Antoine      Fukuhara, Shunichi      Fukuyama, Hidenao      Ganten, Detlev      Gauvin, Lise      Goto, Rei



Hashimoto, Hideki      Hashimoto, Shigeatsu      Hikichi, Hiroyuki      Holm, Jens, V.      Howe, Amanda      Imanaka, Yuichi      Imura, Hiroo      Inui, Thomas S.



Kaneda, Koichi      Kawachi, Ichiro      Kawakami, Koji      Kikuchi, Shin-ichi      Kimura, Shinya      Kinoshita, Hiroo      Klag, Michael J.      Kondo, Katsunori



Krieger, Eduardo      Kurokawa, Kiyoshi      Kusaba, Tesshu      Kwon, Soonman      Lee, Kheng Hock      Maruyama, Izumi      McNeil, John      Minato, Nagahiro



Miyata, Toshio      Mori, Masashi      Morita, Akira      Munakata, Mitsuru      Murofushi, Koji      Nagayama, Osamu      Nakayama, Takeo      Nishimura, Shuzo



Ohto, Hitoshi      Omori, Koichi      Piot, Peter      Sanada, Hisashi      Sankai, Yoshiyuki      Shi, Leiyu      Shirai, Kokoro      Slingsby, BT



Takahashi, Masayo      Tanner, Adam      Tourni, Mondher      Uemoto, Shinji      Yasumura, Seiji      Zalberg, John



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Slingsby, BT .....	032, 070

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Toumi, Mondher .....	046, 084

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Sumiya

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